



Residential Electrical Permit Application

City of Maple Grove
Fax 763-494-6417 Phone 763-494-6060
12800 Arbor Lakes Pkwy, P.O. Box 1180
Maple Grove, MN 55311

For Office Use Only

Permit # _____

Permit Cost _____

Received _____

Applicable Code: 2011 National Electrical Code

Job Site Address: _____ **Unit #:** _____

PROPERTY OWNER

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

CONTRACTOR (if not homeowner)

Company Name: _____

License #: _____ **Contact Person:** _____

Address: _____ **Contact Phone #:** _____

City: _____ **State:** _____ **Zip:** _____ **Office Phone #:** _____

Permit Fee from fee schedule on page 2 (please attach) \$ _____

Brief description of work: _____

PRINCIPAL USE

☐ **Single Family** ☐ **Two Family** ☐ **Town House – separate permit required for each townhouse unit.**

I hereby apply for an electrical permit and acknowledge that the information above is complete and accurate. I understand that this is not a permit and work is not to start without a permit. I understand that the permit will expire and become null and void if the work does not begin within 180 days or is suspended at any time for 180 days. I acknowledge that I am responsible to call for all required inspections and insuring that all work will be done in compliance with the ordinances of the City of Maple Grove and the laws of the State of Minnesota.

☐ **I AM THE HOMEOWNERS APPLYING FOR THIS ELECTRICAL PERMIT. An owner may physically perform electrical work only on premises owned and actually occupied as a residence. MS326B.31**

Signature _____ **Date** _____

| One- and Two-Family Dwelling and Townhouse Electrical Inspection Fee Worksheet | | | |
|---|--|-------------------------------|---------------------|
| Item Description | | Fee | Total |
| A | Services – New, temporary, panel changes, panel additions, alteration, repair or upgrade | \$35 | |
| B | New One- or Two-Family Dwelling or Townhouse – Includes <u>service and installation of up to 30 circuits per unit</u> | \$135/dwelling unit | |
| C | New One- or Two-Family Dwelling or Townhouse – Includes <u>service and installation of over 30 circuits per unit</u> | \$160/dwelling unit | |
| D | Dwelling additions, alterations, remodeling, repairs, basement finishes, porches, sun rooms, decks, patios, accessory structures, in-floor heat, air conditioners, and furnaces. | 1 inspection* | \$35 |
| | | 2 inspections** | \$70 |
| | | Additional inspections over 2 | \$35 per inspection |
| E | Off peak devices | \$35 | |
| F | Generator | \$35 | |
| G | Separate bonding inspection | \$35/inspection | |
| H | In-ground swimming pools | \$105 | |
| I | Above ground swimming pools | \$70 | |
| J | Additional inspection trip(s) | \$35/inspection trip | |
| K | Total of lines A thru J | | |
| L | A surcharge of \$5 is imposed on every permit effective 7/1/10 as per M.S. § 326B.148, in addition to the inspection fee. | | \$5.00 |
| Grand Total (total of line K and line L) | | | |

* Rough-in and final together

** Separate rough-in and final

**WE ACCEPT MASTERCARD, VISA, AND DISCOVER
FOR PERMIT FEES TOTALING LESS THAN \$1000**

This information will be destroyed after the permit has been processed.

Under Minnesota law the information provided on this application is considered public and is available to anyone, except for the following: The information regarding your credit card is private and will be provided only to you and to those people necessary to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed.

| | |
|--|---|
| To Pay By Credit Card MasterCard Visa or Discover | Name as it appears on card: _____ |
| | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover |
| | Expiration Date: ____/____/____ |
| | Account Number: _____ |
| | Signature: _____ Date: _____ |
| | Billing Address: _____ |
| | City: _____ State: _____ Zip Code _____ |

Notice: Faxed applications will not be processed without payment by credit card